## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Vote!		C C00473918
		0 555 155
Check if $X$ 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee		Date of Public Distribution/Dissemination
The Strategy Group, Inc		06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 703 N Franklin		Amount
Suite 404  City State	7in Codo	15327.34
City State Chicago IL	Zip Code 60654-7205	Transaction ID : VN7A7A1BMN3 Date of Disbursement or Obligation
Purpose of Expenditure Mailhouse	Category/ Type 004	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Of	Office Sought: X House District: 03
Anna Kaplan	Oppose [	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support O	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	D	Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15327.34
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	••••••••••••••••••••••••••••••••••••••	15327.34
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		•
	ically Filed] Date	06 17 2016
Signature		